### FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execut.

Certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fill director. Page 4 shout.

A shout.

Forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be jet to for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 happs ofter death.

VS. A15ME 8M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4985

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	PLACE OF DEATH o. COUNTY	Somerset		MARYL	AND		ary]		ed lived. If institution b. COUNT		nce bef		ission)
	b. CITY OR TOWN ond give nearest tow	(It eutside corporate limits, write m) Marion Stat		c. LENGTH OF STAY IN	V 16			outside corp	tion	RURAL ond	give n	porest to	wn)
	d. NAME OF HOSPI	old State F	-	hospitat, give street address)		d. STREET AD		State	Rd.			ON	A FARM?
	NAME OF DECEASED (Type or print)	FREDERI		THOMAS		ADAMS		4. DATE OF DEATH	April	h	7,		100 60
5. :	Male	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED VED DIVORCED			187		9. AGE  In years lost birthday  89 yrs.	Months (	YEAR Days	IF UND Hours	ER 24 HRS. Min.
100	during most of work	ON (Give kind of working life, even if refired)	100	kind of Business or in		Y 11. BIRTHPLAC		or foreign co	ountry)	-	JSA	WHAT	COUNTRY?
13.	FATHER'S NAME Samuel	T. Adams				14. MOTHER'S MA		ttingt	on				.=121
	was deceased e	VER IN U. S. ARMED FO (If yes, give war or dates of None		6. SOCIAL SECURITY NO.  None		formant stin Whit	ting	gton,	Jr., Mar		ati	on,	Md.
7	PART I. DEA	ATH [Enter only one country was CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Only, which ediate cause underlying  DUE TO (c)  CHER SIGNIFICANT CON			BUT NO	pary Occl	usio	on H.	Coulbol	WAMIN'	4 6	AND DE	
CERTIFICATION	Subject 20g. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH		D. DESCR	ting in chair	r by	r nephew ter noture of injury	y in Port	l or Port II	of Item 18.)		Y	PERFO	RMED? NO (3
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.		W	t. INJURY OCCURRED 20e nile Not while work of work	PLAC factor	E OF INJURY (Hor y, street, office blo	ne, form dg., etc.)	20f. (City	or fown)	(Cour	nty)		(State)
opinion death resulted from: Noturol couses K., Accident [], Suicide [], Homicide [], Undetermined monner []  ACTUAL SIGNATURE  CHIEF MEDICAL EXAMINER []  DATE													
220	BURIAL, CREMATION REMOVAL (Specify Burial	ON, 226. DATE THEREO	F	St. Paul's					ion (City, town, n Statio		yla	(Store	•)
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No.

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b. CITY OF RURAL OF RUMP	R TOWN (If	outside carporate lim	ts, write	c. LENGTH OF STA		c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Rumblet								
d. NAME OR INS	OF HOSPITA	AL (If not in hospital, (	jive street (	address)		d. STREET ADDRESS  e. IS RESIDENCE ON A FARM YES NO								
NAME OF DECEASED (Type or p.)		Virgi		Midd	le Blak	e	Last	4. DATE OF DEATH	Apri:		Da		Year 1960	
5. SEX		6. COLOR OR RACE	7. MARR	IED NEVER MAR	RIED 🔼	B. DA1	TE OF BIRTH	17117	9. AGE (In years last birthday)	IF UNDER			ER 24 HRS.	
fema	le	white	WIDOWE	DIVOR	CED 🔲	Ju:	ly 11,187	6	83 yrs.	Months	Days	Haurs	Min.	
guring m	occupation of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY	11. BIRTHPLACE (Stole		ountry)	12. CI		S.A.	COUNTRY	
13. FATHER'S	NAME					14.	MOTHER'S MAIDEN N	IAME						
יליני	omas	J. Blake				I	Elizabeth	Hew:	itt					
	EASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	10. 17. 1	NFORA	MANT		Add	ress	10.0			
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		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	)			al :	infarctio	n			INTE	ERVAL BE	DEATH	
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OE CON (IF EITHE	IDENT WA	S UNDERLYING	20b. DES0	CRIBE HOW INJURY	OCCURRE	D. (Ent	er nature of injury in P	ort I or Pari	f II af item 1B.)				NO 🔼	
	R. NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)												
	OF INJURY o. m. p. m.	Y Manth, Day, Ye	or 20d. It While at worl	Not while at work	20e. PL for	ACE O iclary, s	F INJURY (Home, farm, street, affice bldg., etc.	, 20f. (City	or town)	(	Caunty)		(State)	
21. I c	ertify the	at I attended the	decease	ed fram. 6-1	4-58	3	, 19, ta	4-1-0	60 , 19	_,that 1	last so	w the	deceased	
alive of ACTUAL SIGNATU	5	31-60 Next	12	and the			Princess	ADDRESS (St	n the causes a treet, city or town,	ind an t		te state		
PHYSICIA NAME (T	N'S	Everett	C.Si	utterMD										
	CREMATION L (Specify)	N, 226. DATE THEREO	)F	22c. NAME OF CE					nbley,	or county)		(State	e)	
23. FUNERAL	DIRECTOR'S	S SIGNATURE	207	ADDRESS Princes	s An	me	240. REC'E	BY REGIST R 5 '6		thun S.	GNATUR	Æ.		

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	7		TO FUNEKAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crematian,	ar remaval.
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VS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4988 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	()	T.	V	U	()	
Rea.	Dist	. N	0.			

								Keg. Dis		
PLACE OF DEATH					2. USUAL RESIDENCE (		sed lived. If institu			odmission)
	merset		MARYL	AND	o. STATE Maryla	and	B. CO0141	Somer	set	
b. CITY OR TOWN (I	f outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (I	lf outside co	porole limits, write	RURAL ond	ive near	est tawn)
	s Anne R.	F. D.	Life		X Princes	s Anne	R. F. D.			
			pital, give street address)	)	d. STREET ADDRESS				0.	IS RESIDENCE
									Y	ON A FARM?
3. NAME OF DECEASED	Fire	at .	Middle		Lost	4. DATE	Mont	h	Day	Year
(Type or print)	Charlotte	e Lenc	ra Corbin			DEATH	April 9	9		1960
5. SEX			D NEVER MARRIED	₩ 8.	DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF	UNDER 24 HRS.
Mama 7 a		WIDOWE		M.M.	Nov. 13, 19	50	last birthday)	Months D	gya H	aurs Min.
Female	Black				Y 11. BIRTHPLACE (Stote		1	1	-	HAT COUNTRY
during most of worki	ng life, even if retired)	100. 1				-4-39	,,			
Baby					Maryland			1 0,	. S.	A .
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
Sylveste	er Corbin				Bessie K	ing				
	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT	Territoria	Address			
, and the distribution	for last Burn you on noise of			F	essie Corbi	n (Mot	her) Pri	ncess A	Anne	R. F. I
18 CALISE OF DEA	TH [Enter only one cau	se per line	for (a), (b), and (c), ]						INTERVAL	BETWEEN ND DEATH
	TH WAS CAUSED BY:				Bronchitis					days
C 10 - 1	IMMEDIATE CAUSE (o)		AC	e u, u e	Dronenters				10	aayo
1200	DUE TO									
Conditions, if										
gave rise to imme										
couse last.	(c)									
Z PART II. OT	HER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	MINALDISEA	E CONDITION GIV	EN IN PART	1(a) 19. V	WAS AUTOPSY
OF .									YES	PERFORMED?
S EVTERNAL CA	100 1446	- DECCOID	HOW INTERVOCATION	DED (E.			-F 'A - 10 h		1123	L NO E
PART II. OT	NTRIBUTING	D. DESCRIBI	HOW INJURY OCCURA	NED. (EI	iter nature of injury in Po	or I or Port I	or item is.)			
	RY Month, Day, Yea	or 20d I	NJURY OCCURRED 20e	e. PIAC	E OF INJURY (Home, far	m. 1206 (Cit	y or town)	(Coun	h/)	(State)
20c. TIME OF INJU		While	Not while	facta	ry, street, office bldg., et	c.)	,	(00011	11	family
₹ p. m.	19	of wo	rk ot work						-	
21. I certify t	hat I toak charge	of the	remains described	abay	re, held an Autap	sy 🔲,	nspectian 🔼	Inquiry	M. c	and find the
death resulted	fram: Natural	causes [	Accident .	Suic	ide [], Homicid	e I. U	ndetermined (	cause [ ].		
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ACTUAL	MUN	1.			CHIEF MEDICAL E	XAMINED T	1		D	ATE SIGNED
SIGNATURE	MAT TO	All			_M.D.				7.0	60
EXAMINER'S					ASSISTANT MEDIC			pril 9	, TA	00
NAME (Type)	R. H. John		1		DEPUTY MEDICAL		-			
22a, BURIAL, CREMATIC REMOVAL (Specify	DN, 226. DATE THEREC	60	22c. NAME OF CEMETER	RY OR	CREMATORY	22d. LOC	TION (City, town,	or county)	-3	(Stote)
23. FUNERAL DIRECTOR	'S SIGNATURE	5	ADDRESS	)	249. REC	D BY REGIS		STRAR'S SIGN		
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VS A1S (4) 1SM 9/S8

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	14
4900	CERTIFICATE	OF DEATH	

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				Keg. Dist. N	10.
PLACE OF DEATH     O. COUNTY		2. USUAL RESIDENCE (W	here deceased lived. If institution b. COUNT		efore admission)
SOMERSET	MARYLAND	MARYL		SOMER	SET
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write		
RURAL and give nearest town)  OR ISFIELD	1 DAY	X WESTON	VER		
<ul> <li>NAME OF HOSPITAL (If nat in hospital, give street OR INSTITUTION</li> </ul>		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
EDW. W. MCCREADY MEMO	HOSPITAL	RFD #	1 Box 51		YES XNO
NAME OF DECEASED (Type or print) WTT,T,T	Middle  M H	DENNTS	OF A	onth	Day Yeor 1960
. SEX 6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH	9. AGE (In year last birthday)	IF UNDER 1 YEA	AR IF UNDER 24 HRS.
M NEGRO WIDOWI	ED DIVORCED	7-1-1896	63 yr		Hours Min.
0a. USUAL OCCUPATION (Give kind of work done 10b. during mast of warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
FARMER	FARM	WESTOVI	ER. MD.		
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
JOHN DENNIS		HESTER	TILGHMAN		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes, no, or unknown)   (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	NFORMANT	Ac	ddress	ER L
No	NONE S	ARAH DENN.	rs RFD #.	1 Box 3	51 WESTO
18. CAUSE OF DEATH [Enter only one couse per lin	ne far (a), (b), and (c).]	1			TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ute sil of	Heavet Co	roncy Cude	len)	HE CLA
DUE TO	8		1.		
Canditions, if ony, which )	Personer	Genebale.	Range	Buch .	24/41
gave rise to immediate DUE TO	and a		Vigature 1	0-2001	7000
lying couse last.					
/ (	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION G	IVEN IN PART 1(a)	19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS C	M	lew es	MALDISEASE CONDITION C	NATIO IIA LAKI II(O)	PERFORMED?
	CRIBE HOW INJURY OCCURRE		Port Lar Part II of item 18 )		I III II NO []
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW HOOK! OCCORD	o. (Emer hardre or injury in			
		ACE OF INJURY (Home, farratory, street, office bldg., etc.		(Count	y) (Stote)
Hour o. m. While at wor	k of work				
21. I certify that I attended the deceas	ed from And 23	, 1960, to	ARRIL 251961	Othat I last so	aw the deceased
			M, from the causes of		
000	X) _ /		ADDRESS (Street, city or tow		DATE SIGNED
SIGNATURE SOURCE	allow	M.D.			
BUNGLETANIE	oulbourn. M	.D. MAR.	ION STATIO	N MD.	
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town	4	(Chada)
Burial Apr. 27,1960	Marumsco Cem		R.F.D. Marie		n, Md.
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC	1	GISTRAR'S SIGNAT	
Bradshaw & Sons—C	risfield, Md.	DATE AL	B 2 9 '60	When & the	Aug

LESS - CERTIFICATE DEATH A. T. G. Carlos Shally Inc. At real to real to their example at the and the contract of the contra The four first war and and A TOTAL CONTRACT OF STREET, THE STREET, TH . De produced no lune you have been constructed for the land of th the second of th

## FOR STATE HEALTH DEPT

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execut.

Certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the final director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relief for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to barial, cremation, ar removal, and in pay event within 72 haurs after death.

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4990

(4961) Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY	Somerset		MARY	AND	2. USUAL RESIDENCE OF STATE MA	CE (Where decear		ution: Resid			ission)
	b. CITY OR TOWN ( and give nearest low	f outside corporate limits, write n) Shelltown	RURAL	c. LENGTH OF STAY	N 16	\/	N (If oulside cor lelltown	porate limits, write	RURAL on	d give n	nearest to	iwn)
	d. NAME OF HOSPI	RFD	not in ho	spitol, give street oddress	)	ON						RESIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	CHARLE		WILTON		DRYDEN	4. DATE OF DEATH	April		Doy 5,		Year 1960
5.	Male Male	6. COLOR OR RACE	7. MARRI	D DIVORCED		DATE OF BIRTH	001	9. AGE (In years loss birthday) 59 yrs.	Months	Days	Hours	Min.
	o. USUAL OCCUPATION of working most of working most of working the state of the sta	ON (Give kind of work d ng life, even if retired)	one 10b. I	Farming	NDUSTR	Rehobeth  14. MOTHER'S MAID	, Maryla	and	12. CIT	USA	F WHAT	COUNTRY?
	Oscar I	ryden				Mary Bel						
15	NAS DECEASED EVALUATION NO. OF WINKNOWN)	VER IN U. S. ARMED FOR (If yes, give war or doles of so None	ervice)	SOCIAL SECURITY NO. 2-16-1681		FORMANT B. Mary B.	Dryden,	Address, Shellto		/d		
CERTIFICATION	Conditions, if gave rise to imme (a), stating the cause last.  PART II, OT	diale couse DUE TO (c)_ HER SIGNIFICANT COND	ITIONS CC	Coronary  DITRIBUTING TO DEATH			ERMINAL DISEAS	E CONDITION GIV	VEN IN PAR	RT 1(o) 1	9. WAS PERFO	
MEDICAL CERTIF	apinion death	NTRIBUTING []	20d. While at we	Not while of work coremoins described	abov	e, held on Auto	form, 20f. (City	or town)	, Inqui	ry X	er 🔲	(Stote)  Id in my
-		filliam H. C		ourn, M. D.		ASSISTANT ME DEPUTY MEDIC	EDICAL EXAMINE					
	REMOVAL (Specify Burial	4/8/60		Rehobeth M		dist	Reho	beth, Ma	rylan		(Stote	e)
23	Bradshaw	& Sons, Cr	isfie	ld, Marylan	d		REC'D BY REGIST		strar's si			

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	S CERTIFICATE OF DEAT		
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			SEC. 27. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
	20. 30. 13.1 pg	ATTACHE COMM	alls - claimed - claim
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rs after death. Page 4 the attending physician and campletely filled way the funeral. Then please remave carban papers. Pages 1 and 2 should be f TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 may be need by the hospital ar attending physician.

TO FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 of the State Board of Health priar to burial, cremation, or remaval, and in any eventuarity 72 haurs after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH o. COUNTY	Somerset	MARYLAND	a. STATE	ENCE (Where de		If institution. COUNTY	Some			ion)
b. CITY OR TOWN ( RURAL ond give n	If outside corporate limits, we earest town)  Manokin	c. LENGTH OF STAY IN 16  16 Months	120	OWN (If outside		nits, write RI	URAL ond g	give nea	rest tawn	)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give s Harris Home	treet address)	d. STREET A	DDRESS 8 Elzie	Ave.					IDENCE FARM? NO TO
3. NAME OF DECEASED (Type or print)	First CHARLES	Middle HENRY	ELZIE	C	OATE OF DEATH	Mon Apri		Day		reor 19 60
5. SEX Male	3.7	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH	1879	9. AGI	E (In years birthday) L yrs.	Months	1 YEAR Days	Hours	R 24 HRS Min.
Janitor	ON (Give kind af work done king life, even if retired)	10b. KIND OF BUSINESS OR INDE	eld Cris	field,		nd		ZEN OF	WHATC	OUNTRY?
13. FATHER'S NAME	Freeborn Elzie	•		sa Davy						
15. WAS DECEASEDEVI (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		rs. Earl	Daniel,	Brook]	Addr Lyn, M				
Conditions, if a gove rise to couse (o), stating lying couse last.	the under- (c)	Chronic	U	cardi-				1.	ET AND	nths.
ICATIC		DAS CONTRIBUTING TO DEATH BU				30	EN IN PAK	1 1(a) 15	PERFO	RMED?
-	G CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Year 2		LACE OF INJURY ()	lome, farm, 20	f. (City or tow		(0	County)		(Stote)
21. I certify the	at (1) (this haspital) at sed alive on Abr	t work of work tended the deceased fram.		MED. DIRECTO	from the c	auses an		date	stated	
23a. BURIAL, CREMATIC REMOVAL (Specify Burial	1	23c. NAME OF CEMETERY			LOCATION (C	eld, N	aryla		(Stote	B)
24. FUNERAL DIRECTOR	's signature  Sons. Crisfi	address		DATE APR 2			STRAR'S SIC			

in the district of besigns best similar best con to shad T. S. Application of the Death of the Company of th STEEL STATE OF STREET A mineral at the last restoned almostal cour its their Talles budlete training courses a fore, frighteld, Eryland

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14962 15/16/60 iwk CERTIFICATE OF DEATH

						Keg. D	ist. No.
1. PLACE OF E	SOMER SE	T	MARYLAND	a. STATE	(Where deceased lived. b. YLAND	COLINITY -	nce before admission) $ERSET$
RURALor	TOWN (If autside carporate I d give nearest tawn)	mits, write	c. LENGTH OF STAY IN 16	100 ~	(If autside carporate limit	s, write RURAL and	give nearest town)
EDW.	TUTION MCCREAL			d. STREET ADDRESS		ND ST.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or pri	nt) ]	First ULA	Middle STERLING	ENNIS			30 Year 1960
5. SEX FEMA		7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 8/18/18/18/18/18/18/18/18/18/18/18/18/18	18/1884 9. AGE lost b	75 yrs. Manths	Days Haurs Min.
during ma	CCUPATION (Give kind of wast of working life, even if retine $EWIFE$	rk dane 10b. ed)	Own Home	MARYI		12, CI1	U.S.A.
13. FATHER'S N	LLIAM ELLI	OTT		14. MOTHER'S MAIDE	NALLY WEB	STER	
16. WAS DECE	ASED EVER IN U. S. ARMED F		SOCIAL SECONDATION	M. C. Sa	TERLING,	CRISFI	ELD, MD.
Candition gave ri	RT I. DEATH (Enter only one RT I. DEATH WAS CAUSED B' IMMEDIATE CAUSE  DUE ons, if only, which se to immediate  DUE	(a) Con	runy Eur	e J Ke	ut Ur	ene	INTERVAL BETWEEN ONSET AND DEATH Stup
VOILE 200. ACCI	stating the <u>under</u> (  Jise last.)  KIT II. OTHER SIGNIFICANT CO  DENT WAS UNDERLYING  DENT WAS UNDERLYING  CAUSE OF DEAL  NOTIFY MEDICAL EXAMINE	MU 20b. DESC	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TI	ERMINAL DISEASE COND	ITION GIVEN IN PA LIVELS em 18.)	RT 1(a) 19. W/S AUTOPS) PERFORMED? YES NO
	OF INJURY Manth, Day, a. m. p. m.	While		ACE OF INJURY (Hame, ctary, street, affice bldg.		)	(Caunty) (State
21. I ce alive ar	rtify that I attended to		ed fram $4 - 2$ , $60$ , and that death		40, fall the ca	uses and an th	ast saw the decease ne date stated above DATE SIGNE
PHYSICIAI NAME (Ty	N'S GEORGE C	Cou	LBOURN, M.	D. MAH		YL AND	
220. BURIAL, C	(Specify) May 2,	1960	22c. NAME OF CEMETERY Constitution Crisfield Ce	metery	Crisfiel	ity, tawn, or caunty) d, Maryle	and
	PIRECTOR'S SIGNATURE	nd off	ADDRESS	24a.	MAY 5 '60	24b. REGISTRAR'S S	

AND RECEIVED AND ADDRESS. County and this release State of the state tour one the last and water well

FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE

ON A FARM?

19

60

IF UNDER 1 YEAR IF UNDER 24 HRS.

Reg. Dist. No.

9. AGE (In years Idst pirthdoy) Months Hours 12. CITIZEN OF WHAT COUNTRY? U.S. Maryland 14. MOTHER'S MAIDEN NAME Kathleen Orvis Address Mrs. Carroll Ennis Princess Anne, Md. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) ta 1962 that I last saw the deceased and that death accurred at 5:301% fram the causes and an the date stated above. (Stote) Cemetery Pocomoke City. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Brincess Anne, Civiling S. Henres

4. DATE

DEATH

April

TO FUNER poge

VS A1S (4)

1SM 9/SB

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o dity, die.	domeson recommend	TEE . LEL	08/=16	
	nav . 121 . enav.			

TO HOSPITAL TO FUNER

VS A15 (4) 1SM 9/55

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 4982

64964

Reg. Dist. No.

o. COUNTY	omerset	MARYLAND	0. 5	ral RESIDEN	ICE (Where deco	eased lived. S	If institution. COUNTY	et	e befare adr	mission)
	f outside corporate limits, writ	c. LENGTH OF STAY IN 16		-	WN (If outside c				ve nearest t	awn)
Princes	s Anne	20 years	X	Prin	cess A	nne				
	AL (If not in hospital, give str	eet address)	/ d.	STREET ADD	RESS				10	RESIDENCE N A FARM? NO T
3. NAME OF DECEASED (Type or print)	Charles	Middle G	Frye	Lost	4. DA OF DE		Moni	13	Day	Year 19 60
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE	OF BIRTH		9. AG	E (In years birthdoy)			NDER 24 HRS.
male	white woo	OWED DIVORCED	Aug	.12,	1894	65		Months E	Days Hou	rs Min.
10a. USUAL OCCUPATIO	ON (Give kind of work done I king life, even if retired)	06. KIND OF BUSINESS OR INC	OUSTRY 11.	BIRTHPLAC	E (Stole or foreign	gn country)		12. CITIZ	EN OF WH	AT COUNTRY
retired	0			Virg:	inia			U.S	5.A.	
13. FATHER'S NAME			14. M	OTHER'S MA	AIDEN NAME					
Willi:	am Frve		-	in with	xxx Je	nnia	Pank	0.77		
S. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	. INFORMA	NT	ARA UC.	III. I G	Addr			
	If yes, give wor or dates of service)	217-30-8855 N	fr. C	harle	s Frye	Pr	inces	ss ân	ne, I	Md.
IR CAUSE OF DEA	WAP									BETWEEN
	TH WAS CAUSED BY:	A - 0 - 0 - 0 - 0	0	0	100		0			ND DEATH
1100	IMMEDIATE CAUSE (0)	million	en	ono	my IT	my	nh	ye.	3	min
1607	DUE TO	~ ~			. 11 1	0			12	2. 0
Conditions, if a		aremon	n	1)1	igus	XM	ne	V	60	Nos.
gove rise to i				X.	()		/			
lying couse lost.	(c)			0	0					
PART II. OTH	IER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH B	UT NOT RE	ATED TO TH	E TERMINAL DIS	EASE CON	DITION GIVE	EN IN PART	1(o) 19. W/	AS AUTOPSY
\$ cma	ciation	- and	000	ind	ans	and	ini	a	YES	REPORMED?
PART II. OTH	S UNDERLYING 20b. 1 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter	noture of in	jury in Port or	Port II of i	lem 18.)	9 225		
		d. INJURY OCCURRED   20e.	PLACE OF	NJURY (Hor	ne, farm,   20f.	City or tow	(n)	IC.	ounty)	(Slate)
20c. TIME OF INJUR Hour o. m. p. m.	w	nile Not while work 01 work 0	foctory, stre	et, office bl	dg., etc.)	,	.,	(60	,,,,,,	(Sidie)
21. I certify th	at I attended the dece	eased fram QAV.	13	1960,	o are	1.13	. 19/20	,that I la	ist saw th	ne decease
alive an R	ril 13 1	200 , and that dea	th occur	red at 2	:1550	ram the	3	-		ated above
/	(A)		• • • • •	12			ty or town,		e dute si	DATE SIGNE
ACTUAL	IX Len	vis		X	ac an	one	u 1	nul	4	11411
SIGNATURE	701	1	_ M.D		VV CD	CVV.	4			77-6
PHYSICIAN'S NAME (Type)	1.C. Leu	IS, MI	>	RIN	cess	> #1	NAC	= /	Mol	
	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMA	TORY	22d. LC	CATION (	ity, town, o	(county)	(5	itote)
Burial (Specify)	4-15-60	St. Andrew	Com	eten	F	rinc	ess I	inne,	Md.	
23. FUNERAL DIRECTOR		ADDRESS		24	a. REC'D BY RE		24b. REGIS	TRAR'S SIGN	NATURE	
Levin R.	Wilson	Princess An	me,	Md. D	ATE APR 1 8	'60	Civ	Chun S. 1	Kraus	

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o, o,	~			4994	MEDIC	AL EXA	AMINER'	S CERT	FICAT	E OF	DEATH	Reg. Dist.	430 No.	Э
please exe 4 should be cremation	M	1. [	COUNTY S	omerset			MARYLAND	2. USUAL R	ESIDENCE (W		ed lived. If Institu b. COUNT			nission)
Poge, buriol,		b	ond give neorest to:	Ilf outside corporate limi	ts, write RURAL	c. LENGTI	H OF STAY IN 16	c. CITY C	or town (If		porote limits, write	RURAL and gi	ive nearest t	own)
y is nece actor.	X	6		ITAL OR INSTITUTION	ON (If not in I	hospital, give st	treet address)	d. STREET	ADDRESS				10	RESIDENCE N A FARM?
uner uner you.		1 1	NAME OF DECEASED Type or print)		Fint Isaac		Middle H. H	a]]	ost	4. DATE OF DEATH	Monti April		Day	Year 1960
the for		5. 5	Male	6. COLOR OR R	ACE 7. MAR		ER MARRIED DIVORCED	B. DATE OF BIR			9. AGE (In years lost birthday) 57 yrs.	#F UNDER 1Y Manths Do	EAR IF UN	DER 24 HRS
ond 2 with		10a		TION (Give kind of sing life, even if ret	work done 10b	. KIND OF BU	SINESS OR INDUS	TRY 11. BIRTH			ountry)	1	N OF WHA	COUNTRY
1. E		13.	FATHER'S NAME	Edward	J. Hal	1		14. MOTHER	s MAIDEN N	IAME		66		
ive P	(I)	15. (Yes	WAS DECEASED E	VER IN U. S. ARME [If yes, give war or de	otes of service)	6. SOCIAL SEC		NFORMANT Russell	Hall .	- Orio	Address			
18. Gim PM3.				ATH [Enter only or ATH WAS CAUSED IMMEDIATE CAU				J. Egy His					INTERVAL DETV ONSET AND D	
be execution the management of	1		929.	ony, which)	E TO	rowned								
n penci o olong a burio			gove rise to imme (o), stating the couse lost.	underlying DU	E TO (c)									
ificote ding" i s Office sed os	1	CERTIFICATION		THER SIGNIFICANT					6			VEN IN PART 1	(o) 19. WAS PERF YES [	ORMED?
his cert of "pen ominer"	0		200. EXTERNAL CAPRIMARY OF CO	AUSE WAS ONTRIBUTING []	20b DESCR	rige how inju	of ca	Enter noture of	injury in Port	O dit	of item 18.) Cor	uld not	t get	out.
AMINER: This ing the word Medicol Exam	19	MEDICAL	Bor9: p. m		. WI		WITH Warmer b	CE OF INJURY lory, street, office adside	ce bldg., etc.)	) !	or town) lamp, Som	(Count) erset,		(Slote)
E e i	, ,			that I taak cho d fram: Natu			described abo	ove, held a	n Autapsy		nspectian 📆		XX and	find the
MEDICAL ertificate, v t to the Chi L DIRECTO	1		ACTUAL SIGNATURE	2019.6	hus	~		_M.D. CHIEF	MEDICAL EX	AMINER 🗌			DATE	SIGNED
orwood FUNERAL FUNERAL			EXAMINER'S NAME (Type)	R. H. Jo				DEPUT	Y MEDICAL E		To the co		4/ (/	00
cute, forw		L	Burial	4/7/6	EREOF	Orio	of CEMETERY OF				TION (City, town, riole, M		(Sto	ale)
VS. A15ME(5)	1	23.	mes I	A'S SIGNATURE		ADDRE	rincess A	nne, Md.		PR 22	160 24b. REGI	STRAR'S SIGN		

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

64965

12. CITIZEN OF WHAT COUNTRY? II.S

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	Mar Andrews		
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The state of the s			

04966

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY SO:	merset		MARYL	II	2. USUAL RESIDENCE (Va. STATE Mary)		d lived. If instituti b. COUNTY	_	ce before o	
RURAL and give n	If outside corporate limited earest town) Pocomoke		c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (III		comoke		give neares	it town)
d. NAME OF HOSPI OR INSTITUTION RFD I	TAL (If not in hospital, g	ive street (	address)		d. STREET ADDRESS					IS RESIDENCE ON A FARM? (ES NO
3. NAME OF DECEASED (Type or print)	MILDRI	ED	MAE MAE		Lost HILL	4. DATE OF DEATH	April	oth	Doy 14	Yeor 19 60
5. SEX Female	6. COLOR OR RACE White	7. MARR	DIVORCED	_   -	DATE OF BIRTH	904	9. AGE (In years last birthday) 55 yrs.	IF UNDER Months		UNDER 24 HRS.
10a. USUAL OCCUPATION	ON (Give kind of work of king life, even if retired)	done 10b.			11. BIRTHPLACE (SIO	e or foreign o			IZEN OF V	WHAT COUNTRY?
Walsie J	Martin				14. MOTHER'S MAIDEN		on MaCa			
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of w	ervice)	SOCIAL SECURITY NO.	1	ormant ed C. Hill	, RFD	en McGe		e Ci	ty, Md,
Conditions, if a gove rise to i cause (a), stating lying cause last.	the under-	A	THROSC	LER	VE VAS	SCULA	AR DISE	CASE	10	O YEAR
200. ACCIDENT W.	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)				OT RELATED TO THE TER			YEN IN PAK	F	PERFORMED?
20c. TIME OF INJUR Hour o. ji. p. m.	RY Month, Day, Yeo	20d. IN While at work	_ Not while _	Oe. PLAC	E OF INJURY (Home, for ry, street, office bldg., e	rm, 20f. (City	or town)	(C	County)	(State)
21. I certify it alive an_A/A ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	of I attended the ORIL 14  Stanfor  STANE	decease , 19_9 R	Jamilton	<u>э</u> м.	1957, to 30 cccurred at 6 ccc		n the causes of treet, city or town.	nd an th		the deceased stated above.  DATE SIGNED  15/6
Burial (Specify)	4-17-60	f )	22c. NAME OF CEMET			100	Moke Ci		Mary	(State) land
23. EUNERAL DIRECTOR	S SIGNATURE	n/	ADDRESS Do comoleo	04+	24a. REG	APR 1 8		STRAR'S SIG		

may be ined by the haspital ar attending physician.

5 FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNE VS A15 (4) 15M 9/55

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			Property of the Control of the Contr	
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	1. PLACE OF DEATH o. COUNTY Somerset	

23. FUNERAL DIRECTOR'S SIGNATURE

William H. James Jr. Princess Anne, Md

4000	CERTIFIC	AIE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH Somerset	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE Maryland	b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Mt Vernon	c. LENGTH OF STAY IN 16 Life Time	c. CITY OR TOWN (If ou	tside corporate limits, write R	URAL ond give nearest lown)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Lessie	Middle W •	Jones	4. DATE Mon OF DEATH	Day Year 4 25 1960
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years Jost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Negro widow	/ED A DIVORCED	2/5/1888	72 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY
	House work	Maryland		USA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
George Games		Mary Jone	e <b>g</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	Add	ress
[Yes, no, or unknown] (If yes, give war or dates of service)	N	Mable Jones 1	Mt Vernon. Ma	arvland
18. CAUSE OF DEATH [Enter only one couse per I				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	carcinoma of	pancreast		3 months
IMMEDIATE CAUSE (o)	00.1 0.2.10,11.0.	7.01.01.00.03		) III OII GAIS
Conditions, if ony, which (b)				
casse (o), stoting the under-				
	CONTRIBUTING TO DEATH BUT	T NOT BELATED TO THE TERMIN	IAI DISEASE CONDITION CIV	VENTINI DADT HAT TO WAS AUTODOV
CATIC				PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in Po	ort I or Port II of item 18.)	
Hour o. m. While		LACE OF INJURY (Home, farm, portory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that I attended the decea	sed fram 3-12-6	$0, 19, tol_{-2}$	5-60 10	,that I last saw the deceased
07 60				and an the date stated above
510			DDRESS (Street, city or town,	1
SIGNATURE RECEIVED	elle	M.D. Princess	Anne, Mar yl	and 14-25-60
PHYSICIAN'S Everett C. Sutt	erMD			
220. RUPLAL CREMATION 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, o	or county) (State)
BUREMOVALT(Specify) 4/28/60	S+ Poul		Mt. Vernon	

24a. REC'D BY REGISTRAR

DATE APR 2 8 '60

24b. REGISTRAR'S SIGNATURE

arthur S. Thous

DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled by the funeral director, and be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with prior to burial, cremation, or removal, and in any event within 22 hours ofter death. page 3 should be detached for use as the burial-transit permit. Then pleass the registrar prior to burial, cremation, or removal, and in any event withing by the hospital or attending physician. TO FUNE VS A1S (4) 15M 9/SS

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

TO HOSPITAL

CERTIFICATE OF DEATH	
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Tourist, purpose and community only supplied to the second	

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

04968

	49	29	CERTIFIC	CAIL	OF DEATE	1				
PLACE OF DEATH	omerset		MARYLA	-   (	JSUAL RESIDENCE (Maryla		d lived. If institution b. COUNTY	Somer		nission)
b. CITY OR TOWN ( RURAL ond give no	If outside corporate limit eorest town) CISTICIA		GTH OF STAY IN	16 3	c. CITY OR TOWN (IF		prote limits, write R	URAL and g	give nearest to	own)
OR INSTITUTION	TAL (If not in hospital, g		)	1	d. STREET ADDRESS Asbury	Avenu	6		10	RESIDENCE A FARM?
NAME OF DECEASED (Type or print)	LILL.		Middle A.	LAW	SON Last	4. DATE OF DEATH	Mon Ap		Day Day	Year 1960
Female	6. COLOR OR RACE White	7. MARRIED T	NEVER MARRIED DIVORCED		TE OF BIRTH y 12, 1878		9. AGE (In years last birthday) 81 yrs.		Doys Hou	- T -
during mast of wor  Housew:	ON (Give kind of work of king life, even if retired)		t Home		Crisfiel	d, Md.	ountry)		S. A.	T COUNTRY?
FATHER'S NAME	Edward Nel	son		14	Mother's Maiden	NAME Sa Jon	kins			
No DECEASED EVE	ER IN U. S. ARMED FOR (If yes, give war or dates of se	CES? 16. SOCIAL None	SECURITY NO.	Mrs.	Margaret	Pasque	Add		ve.—Cr	isfie
Conditions, if a gove rise to it couse (a), stating lying cause lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	mmediate (	and	BUTING TO DEATH	De BUT NOT	RELATED TO THE TERM	WINAL DISEAS	SE CONDITION GIV	EN IN PAR	10 19. W	S AUTOPSY
20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCC	URRED. (Er	nter noture of injury in	Part I or Pa	rt II of item 18.)		YES	
20c, TIME OF INJUI Hour a. m. p. m.			lot while	De. PLACE ( factory,	OF INJURY (Home, for street, office bldg., e	rm, 20f. (Cit	y or town)	(0	County)	(Stote
	at (I) (this haspital sed alive an		e deceased fr	nat deatl	ATTENDING	M. fram	the causes ar			
22c. PHYSICIAN'S NAME (Type)	Sarah M. F	-		M.D.	22d. ADDRESS Main St		isfield,			1, F1
o. BURIAL, CREMATIC	Apr. 28,1	960 As	bury Con			Cris	TION (City, town,	d.		itate)
, FUNERAL DIRECTOR	's signature Bradshaw &		DDRESS risfield.	Md.		C'D BY REGIS		STRAR'S SIG		

VR A15 (4) 15M 9/59

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	admira geodek		nunevà venda	
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VS A15 (4) 15M 9/58

MARYLAND	STATE DE	PAPTMENT	OF HEALTH	BALTIMORE,	1.8
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4997 CERTIFICATE OF DEATH

Reg Din Gal

1. PLACE OF DEATH 0. COUNTY COMED SET	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY COUNTY OF THE CAPP
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
CRISFIELD 78 YR  d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION  MCCREADY MEMO. HOS	d. STREET ADDRESS e. IS RESIDENCE
3. NAME OF First Middle (Type or print) ANNIE	MCCREADY 4. DATE OF APRIL Day Year 1960
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER	1 17 1 0 0 0 Igst birthdoy)   Months   Dovs   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS O  Own Home	R INDUSTRY 11. BIRTHPLACE (State or foreign country)  MARYLAND  12. CITIZEN OF WHAT COUNTRY?  USA
13. FATHER'S NAME John Parks	14. MOTHER'S MAIDEN NAME Aurelia ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) None None	HELEN MCCREADY, CRISFIELD, MARYLAN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gove rise to immediate cause (a), stating the under-lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD  OR CONTRIBUTING CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)	ia bronchial  The BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?  YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while	CCURRED. (Enter noture of injury in Part I or Part II of item 18.)  20e. PLACE OF INJURY (Hame, farm, foctary, street, office bldg., etc.)  (Stote)
21. I certify that I attended the deceased fram.	death accurred at 7:30 M Mram the causes and an the date stated above.  ADDRESS (Street, city or town, state)  M.D. Cusfield, MARYLAND
051401/41 (53) A.J	etery or crematory 22d. LOCATION (City, town, or county) (State) ce Cemetery Crisfield, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bradshaw & Sons, Crisfield, Maryla	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 25 '60 Outling S. Thank

E. H. OHER YELLERO TION AND THE STREET OF THE STREET There is a manufacture of the same of USA 3" BALL The same of the sa DEBLY HIGHER ON COURSE IN MARKETON may pldyd Danstany Little Past No Station raise a waveleye

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

U497()

	1421				Key, Dist. 11	
1. PLACE OF DEATH O. COUNTY	Somerset	MARYLAND		Where deceased lived. If Institu land b. COUNT		
b. CITY OR TOWN I and give nearest low	ff outside corporate limits, write RUR n) Crisfield	c. LENGTH OF STAY IN 16		f outside corporate limits, write	RURAL and give	nearest town)
d. NAME OF HOSPI	104 Columbia	t in hospital, give street address)  Ave.	d. STREET ADDRESS	Columbia Ave.		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First ABERAM	Middle HARLAN	Last NELSON	4. DATE Month OF DEATH April	Day	60
5. SEX		MARRIED NEVER MARRIED . B.	DATE OF BIRTH	9. AGE (In years	Months Days	
10a. USUAL OCCUPATI during most of worki Trucker	ON (Give kind of work done ng life, even if retired)	106. KIND OF BUSINESS OR INDUSTR		or foreign country) , Maryland	12. CITIZEN C	OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
	Nelson		Sarah E.	Wilson		
15. WAS DECEASED EN	VER IN U. S. ARMED FORCES If yes, give wer or doles of service None		s. Anna W. N	Address Welson, 104 Col	umbia, C	risfield
CATO	diate couse underlying DUE TO (c)	DNS CONTRIBUTING TO DEATH BUT N			EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	NTRIBUTING D	ESCRIBE HOW INJURY OCCURRED (E)  20d. INJURY OCCURRED [200. PLACE	rass f.	tell DE	(Cobdy)	(State)
Hour o. m.	19	While Nat while focto	ry, street, office bldg., etc	" (respect	0 S.	m mi
	fram: Natural cau	the remains described aboves ses , Accident , Suice		Undetermined C	Inquiry ause .	DATE SIGNED
1-71-3		ulbourn, M. D.	DEPUTY MEDICAL	EXAMINER TO	W.7	1/00
Burial (Specify	4/1/60	Sunnyridge Cem	etery	Crisfield, Ma	ryland	(Stote)
23. FUNERAL DIRECTOR	American Company	ADDRESS			TRAR'S SIGNATU	
Bradshaw &	Sons, Crisfi	eld. Marvland	DATE AF	PR 1 1 '60   Can	Thur & Tra	446

VS. A1SME(S) SM 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

04971

		1004	CERTIFIC	AIE	OF DEA	IH						
1. P	LACE OF DEATH	Somerset	MARYLAN		STATE	(Where		d. If institution		rset		ion)
Ł	o. CITY OR TOWN (IF RURAL ond give nee	outside corporate limits, w	c. LENGTH OF STAY IN	16	CITY OR TOWN	7	le corporote	limits, write R				1)
	OR INSTITUTION	AL (If not in hospital, give s 102 Main S		1	d. STREET ADDRES		n St.					FARM?
1	NAME OF DECEASED Type or print)	JAMES	Middle OSBORN		NELSON	4.	DATE OF DEATH	Apr	il	Da 4,		Year 19 <b>60</b>
5. S	Male	White wit	MARRIED NEVER MARRIED   DOWED DIVORCED	Se	te of Birth pt. 16,		le	GE (In years ost birthday) 73 yrs.	Manths	Doys	Hours	Min.
	Retire	N (Give kind of work done ing life, even if retired)  d Agent	10b. KIND OF BUSINESS OR II  Insurance		Crisfic	eld,	Maryl		12. CIT	USA		OUNTRY
13. 1	FATHER'S NAME	m Nelson		14	Sarah 1							
	WAS DECEASED EVER	IN U. S. ARMED FORCES? If yes, give war or dales of service) None	N	Mrs.				Add <b>Main</b> ,		ield	l, Mo	ι.
	PART 1. DEAT  433  Canditions, if on gove rise to in couse (o), stoting t lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  DUE TO  (b)  DUE TO  OUT  (c)	regular for (o), (b), and (c).]	A	Janl C	a cas		Sar;	t Lone	ONS V-t-	The me	DEATH.
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING   20b.	ONS CONTRIBUTING TO DEATH  DESCRIBE HOW INJURY OCCU						VEN IN PA	RT 1(0) 1	PERFC	RMED?
MEDICAL CER		V V	0d. INJURY OCCURRED 200 Vhile Not while t work 0 twork 0	e. PLACE ( foctory,	OF INJURY (Home, street, office bldg.	farm, (2	ROF. (City or 1	own)		(Caunty)		(State
		t (1) (this hospital) at ed alive on Organ	tended the deceosed from 1960, and the	1 "	occurred of	9-1	from the	-/	, 19_4 nd on th		stoted	
	22c. PHYSICIAN'S	Sarch M	. Peyten	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIREC		TAFF HYS.	H	5 6	16	SIGNE
	NAME (Type)	Sarah M. Pe	yton, M. D.		C	risf:	ield,	Maryla	nd			am republica 000 000 ras
230	BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THEREOF 4/7/60	23c. NAME OF CEMETE Sunnyridge					City, town,			(Stot	e)
24.	FUNERAL DIRECTOR'S		field, Marylan	d			registrar		STRAR'S S			

n oy the funeral directar, nd 2 shauld be filed with **OR ATTENDING PHYSICIAN**: The law requires that the death certificate be executed within 24 hand by the haspital or attending physician. ages D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleted page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers, and the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours affer deby the haspital ar attending physician. TO HOSPIT TO FUNER VR A15 (4) 15M 9/59

rs after death. Page 4

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Leave	. strain to protect	and appearing the CAVA Carrier	
		brodelma & Form, ordertall, Bryland	

04972 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Somerse	t		MARYI		o. STATE Marylan		b. COUNTY			odmis	ion)
b. CITY OR TOWN (I RURAL and give no	f outside carporate limearest tawn)	its, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (I	f outside corpo				est fow	1)
Princess			36 years	3	Princess	Anne					
d. NAME OF HOSPIT OR INSTITUTION	(AL (If not in hospital,	give street	address)		d. STREET ADDRESS						IDENCE FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Moi	nth	Day		Yeor
(Type or print)	Mary		E.		Nixon	DEATH		4	I	9	1960
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D   8. D	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDE	R I YEAR II		ER 24 HRS.
Female	Negro	WIDOW	ED DIVORCED	0 2	/7/1892		68 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE (Sto	te or foreign co	ountry)	12. CI	TIZEN OF	WHAT	COUNTRY
	king life, even if retired W1fe	"	House Wit	fe	Marvla	nd		1	JS	A.	
13. FATHER'S NAME					4. MOTHER'S MAIDEN					N 4	
George	Newcomb			110	Hennitt	a ?					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO		C	Add	ress			
[Yes, no, or unknown]	If yes, give war or dates of	service)		Cha	rles A.N	ixon					
TIO CALIER OF DE	out fe			1 Office	TTC9 W.W	J.A.011					
	TH WAS CAUSED BY:	ouse peruli	ne for (o), (b), and (c),		0.00.0	4	0		ONSE	J AND	TWEEN DEATH
2411	IMMEDIATE CAUSE (	1 6	· care 1	doc	andrag	vac	and .	7		ho	ur
1.45	DUE TO	1	1	0	0	0- 16		1)	1 -		
Conditions, if o		P	ly/per +	ens	melara	m-10	iscula	the	w.	5 4	rs.
gave rise to i	mmediate (								HETE		
lying couse lost.	me onder-	c)									
Z PART II. OTH			CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TER	MINAL DISEASI	E CONDITION GIV	EN IN PAI	RT 1(o) 19.	WAS	AUTOPSY
PART II. OTH		1/02	he-							PERFC	RMED?
	AS UNDERLYING [7]	20b. DES	CRIBE HOW INJURY OF	CURRED (F	nter nature of injury in	n Port I or Port	II of item 18.)			153	NO
. 1	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	100.003	CRIDE HOTH INJORT OF	CORRED. (L	mer notore or injury in		11 07 11011 10.7				
20c. TIME OF INJUR	Y Month, Day, Ye				OF INJURY (Home, far, street, office bldg., e		or town)	(	County)		(Stote)
Hour a.m.	19	While at wor	k Ot work	rociury	, sireer, dirice blog., e	nc.j					
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alive on_	br 19	, 12	A Human	eath ac	curred at 1.13	AM, fram	the causes of				deceased ed abave
	JUL	0	1. ac A	-	1	ADDRESS (St	regi city or town,	state)			TE SIGNE
SIGNATURE	DI ran	6	jeganh	M.D	Tren	~ cess	Au	rel	ud.	4	120/
PHYSICIAN'S NAME (Type)	BFRAI	UK	GICH	NTI							7
220. BURIAL, CREMATIC		OF.	22c. NAME OF CEME	TERY OR CE	EMATORY	22d. LOCAT	ION (City, town,	or county)		(Stot	e)
Burial (Specify)	4/20/50	)	John Wes	lev				nne l	/ana		
23. FUNERAL DIRECTOR			ADDRESS	y -	240. RE	C'D BY REGIST		STRAR'S SI			
William	H. James	Jr.Pr	cincess A	nne, M	d	pp 25 '69	77	Chan &	1.1		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNE VS A15 (4) 1SM 9/55

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VS A15 (4) 15M 9/SS 精

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1
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4998

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1	1. PLACE OF DEATH o. COUNTY Somerset		Marylar		b. COUNTY		before odmis	sion)		
	b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town)  Rumbley	c. LENGTH OF STAY IN 86 years	1b c. 0	Rumble;		imits, write RI	JRAL ond giv	re nearest tow	n)	
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	/d.	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO							
	3. NAME OF First DECEASED (Type or print) Cind	a A.		Parks	4. DATE OF DEATH	April	<sup>th</sup> 7,	Day	Yeor 19 60	
	L'ama a labita	MARRIED NEVER MARRIED [ DOWED DIVORCED		of Birth h 28.18"	, lq	GE (In years st birthdoy) yrs.	IF UNDER 1	YEAR IF UND		
	10a. USUAL OCCUPATION (Give kind of work done during most of working lile, even if retired) NONE	10b. KIND OF BUSINESS OR IN		Maryla	and	)	7.0	EN OF WHA	T COUNTRY?	
	13. FATHER'S NAME Thomas J. Blake			other's maiden n						
	1S. WAS DECEASEDEVER IN U. S. ARMED FORCES (Yes, no. or unknown) (If yes, give wor or dates of service)	1)	7. INFORMA			Addr		yland	6.454	
)	18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate coese (o), stoling the under- lying couse lost.  PART II. OTHER SIGNIFICANT CONDITI	Mixed tumor with meta	of pastas:	aroid gl	and, bil	atera	<b>a</b> .	INTERVAL BONSET AND	DEATH BPS	
	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  ZOC. TIME OF INJURY Month, Doy, Year Hour o. m.	While Not while of work of work	PLACE OF foctory, street	NJURY (Home, farm set, office bldg., etc.)  19, to	20f. (City or to	, 19 e causes a	.,that I la	st saw the	(Stote)  deceased ed abave. ATE SIGNED	
	220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 4-10-60	22c. NAME OF CEMETER		etery	23. LOCATION Fairmou		er county)	(Sto	te)	
. 7	23 FUNERAL DIRECTOR'S SIGNATURE Lexins Rollilson	ADDRESS Ann		24a. REC	PR 1 2 60	24b. REGIS	TRAR'S SIGN			

	ATE OF DEATH		
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4999 please exe-Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND burial b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS MT. VERNON NEAR MT. VERNON NAME OF Middle DATE Last Month DEATH (Type or print) 5. SEX 9. AGE/(In yours COLOR OR RACE 7. MARRIED THEYER MARRIED TO 8. DATE OF SIRTH IF UNDER TYEAR Months WIDOWED [7 DIVORCED T 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign 12. CITIZEN OF WHAT COUNTRY? country) during mest of working life, even if retired) MOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may poges Poges 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address File Give PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Canditions, if any, which gave rise to immediate couse burial DUE TO (o), stoting the underlying cause last. pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16 8 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port 1I of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) factory, street, affice bldg., etc.) Not while o. m. of work of work p. m. Medic 21. I certify that I took charge of the remains described above, held an Autopsy \(\pi\). Inspection Th. Inquiry 19, and find that Chief RECTOR: death resulted from: Natural causes 17, Accident Suicide Homicide , Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 00 ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION. REMOVAL (Specify) 0 MT. 210N NEAR PRINCESS ANNE MO CHURCH CEMETERY BURIAL ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. RRC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) arthur & thouse DATEAPR 25'60 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON AFARM?

YES TO NO

Year

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IF UNDER 24 HRS.

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? NO TH

DATE SIGNED

(State)

(State)

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Se	omerset		MARYLAND		USUAL RESIDEN	CE (Whe	9	d lived. If instit b. COUN	oution:	Religion	et	allmissi	ion)
RURAL ond give no	If outside corporate lime earest town)		c. LENGTH OF STAY IN 18	×	c. CITY OR TOW		stat:		e RUR	AL ond gi	ve near	est town	)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitol, s.F.D. Route	give street	oddress)	1	d. STREET ADDR		Route	1			е	IS RES	DENCE FARM?
3. NAME OF DECEASED (Type or print)	LOTT		Middle HALL	TAY	LOR Last		4. DATE OF DEATH	Apr	il		16 <sup>Day</sup>		19 <sup>60</sup>
5. SEX Female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED ED NO DIVORCED		reh 30,	1898	8	9. AGE (In year lost birthdoy 62 y	y) 1	Months [	YEAR I	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of work Housewij	king life, even if retired	)	KIND OF BUSINESS OR INI  At Home	DUSTRY	11. BIRTHPLACE						S A	WHATC	OUNTRY?
13. FATHER'S NAME	Joseph Lan	don		14	. MOTHER'S MA	Know							
15. WAS DECEASED EVE (Yes, ng. gr unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of	prvice)		Noge	mant r Hall—	-R.F	.D. R		ddres - Me		Sta	atio	n, M
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, Ca	ne for (o), (b), ond (c).] rcinoma, br neral metas			ine	. 11	ver an	d			YAL BE T AND YES	DEATH .
Conditions, if of gove rise to i couse (o), stoting lying couse lost.  PART II. OTI	the under-	-)	ngs.	BUT NOT	RELATED TO THE	E TERMIN	AL DISEAS	E CONDITION	GIVEN	IN PART	1(0) 19	PERFO	
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RRED. (E	nter noture of inj	jury in Po	ort I or Por	t II of item 18.)					
20c. TIME OF INJUF Hour o. m. p. m.	RY Month, Doy, Ye	While	NJURY OCCURRED 20e. Not while rk ot work	PLACE foctory,	OF INJURY (Hom street, office blo	ne, form, dg., etc.)	20f. (Cit)	or town)		(Co	ounty)		(Stote)
	at (I) (this haspital sed alive an A	pr.		m. De	ATTENDING PHYS.	MEL DIR	M, fram	Apr. 1 the causes  STAFF PHYS.   isfield	and	3-1		stated	
23a. BURIAL, CREMATIC REMOVAL (Specify BURIAL)	23b. DATE THEREO		23c. NAME OF CEMETERY Sunnyridge	_				TION (City, tow				(Stot	e)
24. FUNERAL DIRECTOR		Son	ADDRESS —Crisfield,	Md.			BY REGIST			RAR'S SIGI			

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